

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00621

1. Entity Name

EQUITABLE SERVICE CORPORATION

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90123 041 \*\*\*150.00

Principal Place of Business

Mailing Address

401 N. TRYON STREET  
NC1-021-03-09  
CHARLOTTE NC 28255  
US

401 N TRYON ST  
NC1-021-03-09  
CHARLOTTE NC 28255-0001  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-0842208**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMNER, ALFRED  
1221 BRICKELL AVENUE - 25TH FLOOR  
999 BRICKELL AVE. #400  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SINK, ADELADE A.	401 N. TRYON STREET NC1-021-03-09	CHARLOTTE NC 28255	<input type="checkbox"/>
DV	MALLARD, LARRY W.	401 N. TRYON STREET NC1-021-03-09	CHARLOTTE NC 28255	<input type="checkbox"/>
DV	LOWMAN, RITA J.	401 N. TRYON STREET NC1-021-03-09	CHARLOTTE NC 28255	<input type="checkbox"/>
SVP	WILLIAMS, GARY S.	401 N. TRYON STREET NC1-021-03-09	CHARLOTTE NC 28255	<input type="checkbox"/>
S	LUCAS, MARY-ANN	401 N. TRYON STREET NC1-021-03-09	CHARLOTTE NC 28255	<input type="checkbox"/>
VP	SMITH, DUANE L	401 N. TRYON STREET NC1-021-03-09	CHARLOTTE NC 28255	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Duane L. Smith* Duane L. Smith 3-22-00 704-388-3460